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Clyde Carvalho
Senior Claims Specialist
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February 19, 1999

Daniel V. Backman
94-872 Lumiholo Street
Waipahu, HI 96797

Dear Mr. Backman:

Employer: First Insurance Company of Hawaii, Ltd.
Date of Injury: July 31, 1998
DCD Case No.: Pending

As your are aware, we are the insurance adjusters handling the above captioned workers' compensation claim.

Enclosed please find two medical authorization forms. We would appreciate if same could be completed and returned to our office at your earliest convenience. These authorizations will be used to secure medical records in order to aid in the processing of your workers' compensation claim which is presently denied pending the completion of our investigation.

In addition, please list below the names of all doctors who are treating you for the present problem, your regular or family doctor seen within the past ten years and/or any doctors seen within the past ten years. Also, please indicate whether you have been hospitalized in the past and at which medical facility.

| Doctors/Clinics treating you now | Regular or Family Doctors/Clinics seen within the past ten years | Other Doctors/Clinics seen within the past ten years |
|-------------------------------------|---|--|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Hospitals:

1. _____
2. _____
3. _____

Thank you for your assistance on the above matter.

Sincerely,

EXHIBIT 5

A 00091